



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 46107		2. Exact name of the Corporation Exchange Street Associates Corp.			
3. Principal office address 5 Energy Way		City West Warwick	State RI	Zip 02893	
4. Business Phone No. (401) 823-5200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rental real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James V. Murphy			Vice-President Name Michael J. Murphy		
Street Address 103 Woods Way			Street Address 5 Energy Way		
City North Kingstown	State RI	Zip 02852	City West Warwick	State RI	Zip 02893
Secretary Name Michael J. Murphy			Treasurer Name James V. Murphy		
Street Address 5 Energy Way			Street Address 103 Woods Way		
City West Warwick	State RI	Zip 02893	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	voting common	no par value
			1800	nonvoting commo	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____

Check No _____

By: _____

FEB 24 2012

By *MMC*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

2-17-12
Date

Michael J. Murphy, Vice President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

CU# 3816